



Montana Department Of Environmental Quality
Permitting & Compliance Division
Air & Waste Management Bureau
P.O. Box 200901
Helena, MT 59620-0901

HAZARDOUS WASTE TRANSPORTER REGISTRATION FORM

**TRANSPORTER'S
EPA ID NUMBER**

(Mandatory)

**NAME OF
TRANSPORTER**

(Company Name)

**TRANSPORTER
MAILING
ADDRESS**

(Street or P.O. Box)

(City or Town)

(State)

(Zip)

**TRANSPORTER
CONTACT**

(Last Name)

(First Name)

(Title)

TELEPHONE

(Telephone Number)

(Extension)

**ALTERNATE
TRANSPORTER
CONTACT**

(Last Name)

(First Name)

(Title)

TELEPHONE

(Telephone Number)

(Extension)

**TRANSPORTATION
MODE**

Describe the mode(s) of hazardous waste transportation employed:

☐ (A) Air

☐ (R) Rail

☐ (O) Other

☐ (W) Water

☐ (H) Highway

**TRANSPORTATION
SERVICE**

Are hazardous waste transportation services provided on a for-hire basis or is the hazardous waste transportation activity strictly private in nature (i.e., the hazardous waste generator and the transporter are one in the same entity).

☐ For Hire Transporter

☐ Private Transporter Only

Include any additional information which will clarify the nature of your hazardous transportation activities:

(Signature of Company Official and Title MUST be included below)

(Name – Please Print)

(Signature)

(Title)

(Date Signed)

Company Name: _____ **EPA ID:** _____



Identify the locations of all hazardous waste transportation-related offices, terminals, depots and/or transfer facilities situated within Montana.



(Please make copies for additional sheets if necessary.)

Type of Facility: _____
Location Street: _____
Location City: _____ County: _____
Contact Person(s): _____ Phone Number: _____
Alternate Contact: _____ Phone Number: _____

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